RENNES HEALTH CENTER - APPLETON

325 EAST FLORIDA AVENUE

APPLETON Phone: (920) 731-7310 Ownershi p: Corporati on 54911 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): **58** Yes Total Licensed Bed Capacity (12/31/01): 58 Title 19 (Medicaid) Certified? Yes Average Daily Census: 57 Number of Residents on 12/31/01: **58** \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	32. 8 48. 3
Supp. Home Care-Personal Care Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	48. 3 19. 0
Day Services	No	Mental Illness (Org. /Psy)	51.7	65 - 74	1.7	More man 4 rears	13.0
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	24. 1	I	100. 0
Adult Day Care	No	Al cohol & Other Drug Abuse	0. 0	85 - 94	60. 3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	13. 8	Full-Time Equivaler	it
Congregate Meals	No	Cancer	0.0		[	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	19. 0	65 & 0ver	100. 0	1	
Transportati on	No	Cerebrovascul ar	17. 2			RNs	18. 1
Referral Service	No	Di abetes	1. 7	Sex	%	LPNs	1. 6
Other Services	No	Respi ratory	3. 4			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	6. 9	Male	17. 2	Ai des, & Orderlies	43. 0
Mentally Ill	No			Female	82.8		
Provide Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther		]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	1	100.0	237	12	100.0	109	0	0.0	0	45	100.0	163	0	0.0	0	0	0.0	0	58	100.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		12	100.0		0	0.0		45	100.0		0	0.0		0	0.0		58	100. 0

RENNES HEALTH CENTER - APPLETON

Admissions, Discharges, and	*****	**************************************	************** 'of Residents	********* Condition	**************************************	and Activities as of 12	***************/31/01
Deaths During Reporting Period	I						
88	='	l <sup>'</sup>		%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	9. 1	Daily Living (ADL)	Independent		r Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	8. 6		82. 8	8.6	58
Other Nursing Homes	12. 1	Dressi ng	1. 7		91. 4	6. 9	58
Acute Care Hospitals	45. 5	Transferri ng	19. 0		75. 9	5. 2	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 5		75. 9	8. 6	58
Rehabilitation Hospitals	0.0	Eati ng	65. 5		27. 6	6. 9	58
Other Locations	33. 3	**************	******	******	*******	********	******
Total Number of Admissions	33	Continence		%	Special Treatme	nts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	1. 7	Receiving Res	pi ratory Care	8. 6
Private Home/No Home Health	3. 0	Occ/Freq. Incontinent	t of Bladder	67. 2	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	6. 1	Occ/Freq. Incontinent	t of Bowel	25. 9	Receiving Suc	ti oni ng	0. 0
Other Nursing Homes	3. 0	-			Receiving Ost	omy Care	5. 2
Acute Care Hospitals	12. 1	Mobility			Recei vi ng Tub	e Feedi ng	5. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	1. 7	Receiving Mec	hanically Altered Diets	s 27. 6
Rehabilitation Hospitals	0.0	]				•	
Other Locations	21. 2	Skin Care			Other Resident	Characteri sti cs	
Deaths	54. 5	With Pressure Sores		10. 3	Have Advance	Di recti ves	100. 0
Total Number of Discharges		With Rashes		5. 2	Medi cati ons		
(Including Deaths)	33	ĺ			Receiving Psy	choactive Drugs	55. 2
						_	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: 50-99 Al l Thi s Propri etary Skilled Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98.3 82.7 1. 19 85. 1 1. 16 84.3 1.17 84. 6 1. 16 Current Residents from In-County 84. 5 82. 1 1.03 80.0 1.06 82. 7 1.02 77. 0 1. 10 Admissions from In-County, Still Residing 48.5 18.6 2.60 20.9 2.32 21.6 2.25 20.8 2. 33 Admissions/Average Daily Census 57.9 178.7 0.32 144. 6 0.40 137. 9 0.42 128. 9 0.45 Discharges/Average Daily Census 57.9 179.9 0.32 144. 8 0.40 139. 0 0.42 130.0 0.45 Discharges To Private Residence/Average Daily Census 5.3 76. 7 0.07 60. 4 0.09 55. 2 0.10 **52.8** 0.10 Residents Receiving Skilled Care 100 93.6 1.07 90. 5 1. 10 91.8 1.09 85.3 1.17 Residents Aged 65 and Older 100 93.4 1.07 1.06 92. 5 87. 5 1. 14 94. 7 1.08 Title 19 (Medicaid) Funded Residents 20.7 63.4 0.33 58. 0 64.3 0.32 68. 7 0.30 0.36 Private Pay Funded Residents 77.6 23.0 2.42 25.6 22.0 3. 37 32. 0 3.03 3. 53 0.0 0. 7 0. 9 0.00 1. 2 7. 6 Developmentally Disabled Residents 0.00 0.00 0.00 Mentally Ill Residents 51.7 30. 1 1.72 33.8 1.53 37. 4 1.38 33. 8 1.53 General Medical Service Residents 6.9 23.3 0.30 18. 3 0.38 21. 2 0.33 19. 4 0.36 48.6 0.89 49.6 0.86 49.3 0.87 Impaired ADL (Mean) 42.8 0.88 48. 1 Psychological Problems 55. 2 50.3 1. 10 51.0 1.08 54. 1 1.02 51. 9 1. 06 7. 3 1. 06 Nursing Care Required (Mean) 7.8 6. 2 1. 25 6. 0 1. 28 6. 5 1. 19